CONDITION

Adjustment disorder

Learn how adjustment disorder can affect mood, anxiety, behavior, and daily life after a stressful event, and how it is diagnosed and treated.

WHAT IT IS
Mental health condition after a stressful event

BODY SYSTEM
Mental health

MAIN SYMPTOMS
Sadness, excessive worry, irritability, poor sleep

WHAT CAUSES IT
Identifiable stressful event or major life change

HOW IT IS DIAGNOSED
Clinical assessment by a qualified health professional

MAIN TREATMENT
Psychotherapy

CAN IT BE CURED?
Yes, many recover without long-term effects

IS IT AN EMERGENCY?
Sometimes, with immediate danger or suicidal intent

LONG-TERM OUTLOOK
Many recover, but persistent symptoms can cause ongoing problems

Overview

Adjustment disorder is a mental health condition that can develop after a stressful event or major life change. It causes emotional or behavioral symptoms that are stronger than expected for the situation or that interfere with work, school, relationships, or daily responsibilities.

The stressor may be a single event, such as losing a job, receiving a medical diagnosis, or ending a relationship. It may also be an ongoing problem, such as financial strain, family conflict, caregiving demands, discrimination, or chronic illness. Even events that are usually viewed as positive, such as moving, starting college, getting married, or becoming a parent, can require difficult adjustments.

Feeling distressed after a major change does not always mean someone has a mental health

condition. Stress, sadness, worry, and temporary changes in sleep can be normal reactions. Adjustment disorder is considered when the reaction causes significant distress or problems with functioning and another condition does not better explain the symptoms.

Symptoms usually begin within a few months of the stressor. They often improve when the person adapts or when the stressful situation and its effects end. Symptoms may last longer when the stressor is ongoing.

Adjustment disorder matters because it can affect safety, health, relationships, and the ability to manage the problem that triggered it. Support and treatment can reduce symptoms and help a person regain a sense of control.

Symptoms

Symptoms vary according to the person, the stressor, and the stage of life. They may involve mood, anxiety, behavior, or a combination of these areas.

Possible emotional symptoms include:

Physical effects of stress may include poor sleep, tiredness, headaches, muscle tension, or changes in appetite. A clinician may check for medical causes when physical symptoms are new, severe, or persistent.

Behavioral symptoms can include withdrawing from other people, missing work or school, neglecting responsibilities, driving recklessly, fighting, or using alcohol or drugs to cope. In children and teenagers, adjustment disorder may appear as falling grades, school refusal, defiance, aggression, or changes in relationships. Younger children may become unusually clingy or return to behaviors they had previously outgrown.

Clinicians may describe adjustment disorder according to the main symptom pattern. Examples include symptoms mainly involving depressed mood, anxiety, both anxiety and depressed mood, or problems with conduct. These labels help describe the presentation; they do not predict how serious the condition will be for a particular person.

Thoughts of self-harm or suicide can occur during periods of severe distress. If there is immediate danger, a suicide attempt, or a plan and intent to cause harm, call emergency services or go to the nearest emergency department. In the United States, call or text 988 for the Suicide & Crisis Lifeline. Elsewhere, use the local crisis line or emergency number. Do not leave a person alone when there is an immediate risk of harm.

- Sadness, tearfulness, or feeling hopeless
- Excessive worry, nervousness, or feeling overwhelmed

- Irritability, anger, or frequent frustration
- Loss of interest in usual activities
- Difficulty concentrating or making decisions
- Feeling unable to cope with ordinary responsibilities

Causes and risk factors

Adjustment disorder begins in response to an identifiable stressor. Common examples include relationship conflict, divorce, bereavement, unemployment, retirement, academic difficulties, relocation, military deployment, natural disasters, serious illness, or caring for someone who is unwell.

Several stressors may occur together. For example, a medical diagnosis may also lead to pain, time away from work, financial concerns, and changes in family roles. Repeated or ongoing stress can make recovery more difficult because there is little opportunity to regain stability.

Not everyone exposed to the same event develops adjustment disorder. A person's response may be influenced by earlier experiences, current health, available support, and the meaning the event has for them. Possible risk factors include:

Children and adolescents may be more affected when a stressor disrupts safety, caregiving, school, or family routines. Adults may have greater difficulty when stress affects employment, housing, caregiving, or an important relationship.

Adjustment disorder is not a sign of weak character. It reflects a combination of circumstances, coping resources, health, and social support. Risk factors do not determine what will happen to an individual.

- Multiple stressful events occurring close together
- Limited practical or emotional support
- Previous mental health difficulties
- Earlier trauma or major adversity
- Ongoing financial, housing, legal, or relationship problems
- A medical condition that limits independence or daily function

Diagnosis

There is no blood test, brain scan, or questionnaire that can confirm adjustment disorder. Diagnosis is based on a clinical assessment by a qualified health professional.

The clinician will ask about the stressful event, when symptoms began, how they affect daily life, and whether the stressor is continuing. They may discuss sleep, appetite, concentration, alcohol or drug use, medical conditions, medicines, relationships, work or school, and personal safety.

Under criteria used by the American Psychiatric Association, emotional or behavioral symptoms begin within three months of the stressor. The reaction must involve significant distress or impaired functioning. Symptoms should not be better explained by another mental health condition. After the stressor and its consequences have ended, symptoms generally do not continue for more than six months. Other diagnostic systems use similar concepts but differ in some details.

The clinician may consider other explanations, including major depression, an anxiety disorder, acute stress disorder, post-traumatic stress disorder, prolonged grief disorder, bipolar disorder, or a substance-related condition. Some medical problems and medicines can also contribute to mood, sleep, or concentration changes.

The type of event alone does not determine the diagnosis. Post-traumatic stress disorder, for example, requires exposure to particular forms of trauma and a specific pattern of symptoms. Major depression can be diagnosed after a stressful event if its full criteria are met.

Grief after a death is not automatically a disorder. Clinicians consider the person's culture, beliefs, relationship with the person who died, level of impairment, and the nature and duration of symptoms.

A physical examination or laboratory testing may be recommended when symptoms could have a medical cause. Testing is used to investigate those possibilities, not to prove adjustment disorder.

Treatment and management

Treatment is based on the symptoms, the stressor, safety concerns, and the person's practical needs. Psychotherapy, also called talk therapy, is the main treatment. Because adjustment disorder is linked to a particular stressor, therapy often focuses on understanding the reaction, strengthening coping skills, and addressing problems that can be changed.

Supportive therapy can provide a structured place to discuss the event and identify existing strengths. Cognitive behavioral therapy may help a person notice unhelpful thought patterns, manage anxiety, and gradually return to important activities. Problem-solving approaches can

break a difficult situation into smaller steps. Family or couples therapy may help when the stressor affects close relationships or when family support is important to recovery.

Treatment is often brief, but there is no single schedule that fits everyone. Longer support may be appropriate when the stressor continues, symptoms are severe, or another mental health condition is present. Research on specific treatments for adjustment disorder is more limited than research for conditions such as major depression or post-traumatic stress disorder.

Practical help may be an important part of care. Depending on the situation, this may include social work services, workplace or school accommodations, financial counseling, caregiver support, legal assistance, rehabilitation, or help finding community resources. Addressing the source of stress is not always possible, but reducing its practical effects may make symptoms easier to manage.

Healthy routines can support treatment. Helpful steps may include maintaining regular sleep and meal times, using physical activity as health permits, limiting alcohol, avoiding non-prescribed drugs, and staying connected with trusted people. Relaxation or grounding exercises may reduce short-term tension, although they do not remove the underlying stressor.

No medication specifically resolves the adjustment process. A clinician may sometimes use medication for prominent anxiety, sleep problems, depression, or a separate co-occurring condition. The choice depends on the symptoms, medical history, other medicines, potential side effects, and expected length of treatment. Medication should not replace assessment, practical support, or psychotherapy when those are needed.

A care plan may also include a safety plan. This is a written set of steps for recognizing worsening distress, using coping strategies, contacting supportive people, and reaching professional or emergency help. Firearms, large quantities of medicine, or other lethal means should be secured or removed when there is a risk of self-harm.

Complications

Many people recover without long-term effects, especially when the stressor ends and effective support is available. However, untreated or persistent symptoms can contribute to problems at work or school, relationship conflict, social isolation, substance misuse, or worsening physical health habits.

Some people later meet criteria for another mental health condition, such as major depression or an anxiety disorder. This does not mean adjustment disorder always progresses. It means ongoing or changing symptoms should be reassessed rather than assumed to be part of the

original reaction.

Self-harm and suicidal behavior are serious possible complications. New thoughts of suicide require prompt professional attention, even if there is no immediate plan.

Follow up

Follow-up allows the clinician and patient to review whether symptoms, functioning, and the stressor are improving. Visits may also assess sleep, substance use, treatment side effects, and the need for additional practical support.

Routine follow-up is appropriate when symptoms are stable or gradually improving. Contact the treating professional sooner if symptoms worsen, interfere more with eating, sleeping, work, school, or caregiving, or if alcohol or drug use is increasing. A new period of unusually high energy, very little need for sleep, hallucinations, or severe confusion also needs prompt assessment because another condition may be present.

Seek urgent help for thoughts of self-harm without immediate intent, rapidly worsening hopelessness, or an inability to manage basic needs. Use emergency services for immediate danger, a suicide attempt, a specific plan with intent, or a risk of harming someone else.

If symptoms continue after the stressor has ended, the diagnosis and treatment plan may need to be reviewed. Follow-up should not stop solely because a set amount of time has passed; it should reflect recovery, safety, and current needs.

Sources

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